

Orientation Checklist

(Fax/send/email 4 **weeks** prior to rotation)

Fax# 304-262-4888

- ☐ Application VA Form **10-2850D**
- ☐ Declaration for Federal Employment (**OF-306**)
- ☐ Vehicle Registration Form (Bring a valid driver's license, vehicle registration card, proof of insurance on 1st day)
- ☐ Mini Registration form
- ☐ Certification of completion for the Mandatory Online Training www.tms.va.gov
- ☐ Certification of completion for the VHA ehealth University Training (CPRS) **Students only**
<http://www.vehu.va.gov/vehu/WBTPages/WBTo6.cfm?ClassNum=880H>
- ☐ PPD, current less than 1 year old or CXR result
- ☐ Monitoring of Resident Supervision (**MCM-11-62**) **Need signature page only for Residents Only**
- ☐ ACLS certification and expiration date _____
- ☐ BCLS certification and expiration date _____

NOTE: Please bring 2 forms of identity (1 photo id such as driver's license and 1 non-picture id such as SS card, birth cert. passport, or voter reg.) See PIV Identity document criteria for more info. Take these documents to PIV office when getting fingerprints and when picking up your badge. Bring this with you on the first day (**do not fax**)

Name _____ Start Date _____

School _____ Discipline _____ Unit _____

For official use only:

- ☐ PPD and test date _____ Hepatitis B date _____
- ☐ Added to Student tracker _____
- ☐ Scanned (App., PPD, Mini Registration form, OF 306)
- ☐ Added to PIV Database _____
- ☐ TQCVL Received
- ☐ Individual/Group Clinical Rotation Request Form Received
- ☐ Preceptor Notified of Clearance & Arrival _____
- ☐ Student Notified of Clearance _____
- ☐ Appointment Letter Given _____